



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7851

SERIAL NUMBER 09/810,580	FILING DATE 03/19/2001 RULE	CLASS 424	GROUP ART UNIT 1627	ATTORNEY DOCKET NO. 038602-1126
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APPLICANTS

Axel Ullrich, Muenchen, GERMANY;

Reiner Lammers, Tuebingen, GERMANY;

Alexei Kharitonnenkov, Carmel, IN; Jan Sap, New York, NY;

Joseph Schlessinger, New York, NY;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/232,073 01/15/1999 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/09/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 10	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Examiner's Signature _____ Initials _____					

ADDRESS

Beth A. Burrous

FOLEY & LARDNER

Washington Harbour

3000 K Street, N.W., Suite 500

Washington, DC

20007-5109

TITLE

Treatment of diabetes mellitus and insulin receptor signal transduction

FILING FEE

RECEIVED
840

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)



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CONFIRMATION NO. 7851

SERIAL NUMBER 09/810,580	FILING DATE 03/19/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 038602-1126
APPLICANTS Axel Ullrich, Muenchen, GERMANY; Reiner Lammers, Tuebingen, GERMANY; Alexei Kharitonnenkov, Carmel, IN; Jan Sap, New York, NY; Joseph Schlessinger, New York, NY;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/232,073 01/15/1999 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/09/2001				
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Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS Beth A. Burrous FOLEY & LARDNER Washington Harbour 3000 K Street, N.W., Suite 500 Washington, DC 20007-5109				
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FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	